

CPS Field Guide

Disclaimer

Information contained in the field guide is not intended to replace the CPS policy manual. When questions arise regarding information contained in the field guide, please refer to the policy manual.

Information contained in the sections that are shaded in gray have been provided by local offices.

Table of Contents

Reminders	4
Phone numbers/Contact List	5
On Call	6
Priority Response Criteria	7
Visual Assessment of a Child	8
Medical Exams	9
Forensic Interviews	10
Drug Screen Information	11
Coordination with Law Enforcement	12
Unable to Locate	13-14
Risk, Needs, and Safety Assessments	15
Petitions	16-18
Placements: Relative and Fictive Kin	19



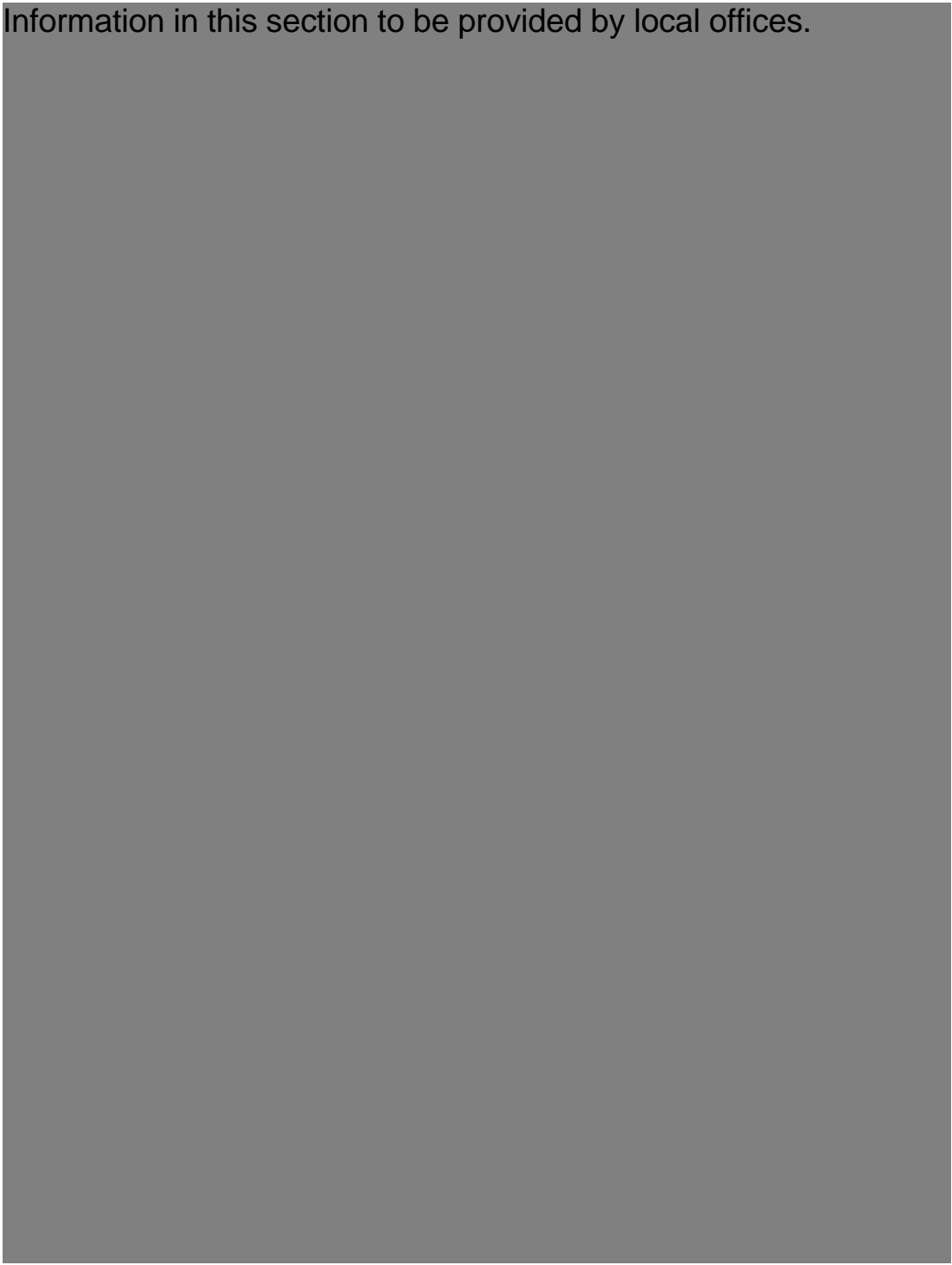
Reminders

- Ask about previous addresses.
- Ask about Native American heritage.
- Did you interview:
 - ✓ All caretakers (CT).
 - ✓ Alleged victim (and verify well being).
 - ✓ All siblings (and verify well being).
 - ✓ Alleged perpetrator?
- Verify who was living in home?
- Verify any other individuals that have access to the home and the children?
- Verify names (including spelling) and DOBs of all household members?
- Obtain information on children's putative and legal fathers?
- Does the family have current or previous CPS history and/or court involvement?
- Did you go over safety, risk, and need assessment issues?
- Any indication of violence in the home?
- Any indication of substance abuse in the home?

Remember-Be mindful of all circumstances that can be harmful to a child. Concerns or issues can be present that are not alleged in the complaint.

Phone Numbers/Contact List

Information in this section to be provided by local offices.



On Call

Information in this section to be provided by local offices.

Priority Response Criteria

Immediate Response (I/24) when:

Sexual Abuse

- The child is afraid to go home and/or the perpetrator has access to the child.

Physical abuse

- The child has bruises, contusions, burns and/or medical care is required.
- The child victim is under six years old and/or is limited by disability and the perpetrator will have access to the child within the next 24 hours.
- The child victim is over six years old (not limited by disability) but is afraid to go home.

Neglect

- A child under six years of age or over six years of age with a disability and is in severe danger or harm.
- The person responsible for the child's health and well being is not capable of meeting the child's basic needs.

Mental Injury

- There is a documented historical pattern of chronic, severe, extreme and/or bizarre incidents of mental injury.
- An observable condition is present in the child's behavior as a result of chronic mental injury and a person responsible for the child's care presents a physical or emotional instability.

24 Hour Response (24/24) when:

Sexual abuse

- The child is not afraid to go home and the perpetrator does not have access to the child.

Physical abuse

- The alleged perpetrator will not have access in the next 48 hours to the child victim who is six years old or younger or limited by a disability.
- The alleged child victim is over 6 years old and/or (not limited by disability) is not afraid to go home.

24 Hour Response and 72 Hour Face to Face Contact (24/72) when:

Physical Abuse

- All Safety Assessment factors have been considered.
- Child is over six years of age and child is not afraid to go home.

Neglect

- The child is not in severe danger or harm.
- The person(s) responsible for the health or welfare of the children is willing to and capable of meeting the basic needs of the children.

Mental injury

- The child does not present an observable condition.
- The person(s) responsible for the health or welfare of the children demonstrates sufficient physical and/or emotional stability to care for the children.

See CFP 712-4 for more information

Visual Assessment of Child

If the investigation is in response to a complaint of physical abuse and the child has not already been medically examined, the worker must make an effort to view the part of the child's body which is alleged to have sustained injury.



Restrictions to Visual Assessments

- For children older than an infant, workers should not attempt to view and assess the genitalia or breasts of female children or genitalia of male children.
- Viewing the buttocks of children age six and under is appropriate with verbal permission from a parent/guardian.
- Viewing the buttocks of children over the age of six requires written permission from the parent/guardian.
- CPS workers or teams of CPS workers are not to conduct physical examinations or visual assessments when conducting a sexual abuse investigation, regardless of the age of the child.



Photographs

Photographs cannot be taken of buttocks or genitals. These photographs **must** be taken by a health care professional.

See CFP 713-3 for more information

Medical Exams

Sexual Abuse

DHS must always consider a medical exam in sexual abuse cases. If a medical exam is not done, the reason why must be documented in the case file.

Areas to consider when deciding to have a medical exam in sexual abuse cases:

- Is child sexual abuse suspected?
- What information and statements have been obtained from the alleged victim, siblings, non-offending parent and collateral contacts?
- Did the incident occur in the last 72 hours?
- Did penetration occur?
- Impact of exam on child?
- Value of the medical exam?

Physical Abuse

- The complaint alleges, or the investigation indicates, that a child has been seriously or repeatedly physically injured as a result of abuse and/or neglect.
- The investigation indicates the child shows signs of malnourishment or is otherwise in need of medical treatment.
- The child is under the age of five, handicapped in some way or developmentally disabled, and the subject of a complaint investigation of alleged abuse and/or neglect and any of the following conditions apply:
 - Explanation of bruises or injuries by the child, parent(s) or caretaker(s) is not believable or is suspicious.
 - The child has unusual bruises, marks or any signs of extensive or chronic physical injury.
 - The child appears malnourished or ill.
 - The child appears to be fearful of parents or caregivers or exhibits other characteristics such as withdrawal or anxiety, which indicates that they feel threat of harm.
 - There has been a serious injury or death of a sibling in the past or there has been a current event of this nature.
 - A baby who is not mobile and has marks or bruises. **All babies with marks or bruises must have a medical examination.**



CPS should ask the physician to photograph the injuries or marks if this has not been done by the CPS worker.

- ✓ Other children in the household should also be examined, even if not included in the complaint, if they fit any of the situations noted above.
- ✓ If medical examinations are not done, why not should be documented in the investigation summary.

See CFP 713-4 for more information

The 8 Steps of Forensic Interviewing

1- Preparing the Interview Environment

2- The Introduction

3- Establishing the Ground Rules

- ? Remind the child that he/she shouldn't guess at an answer.
- ? Remind the child to correct you if you are wrong.
- ? Tell them to ask you to repeat a question if they don't understand.

4- Completing Rapport Building with a Practice Interview

- ? Ask child to recall recent significant event.
- ? Have them report everything from beginning to end.
- ? Reinforce the child's willingness to talk by displaying interest both verbally and non verbally.

5- Introducing the Topic

- ? Introduce the topic, starting with the least suggestive prompt.
- ? Avoid words such as hurt, bad, abuse.
- ? Avoid suggestive language.

6- The Free Narrative

- ? Prompt the child with general probes such as "Tell me everything about that".
- ? Encourage child to continue with open ended comments such as "Then what?" or "Tell me more about that".

7- Questioning and Clarification

- ? Cover topics in order that build upon the child's prior answers to avoid shifting topics.
- ? Select less directive question forms as much as possible (non-leading questions).
- ? Do not assume the child's use of terms is the same as an adult's (example: pee pee or uncle).
- ? Clarify important terms, descriptions of events, and people that appear inconsistent, improbable, or ambiguous.

8- Closure

- ? Ask child if they have questions, concerns.
- ? Thank the child for meeting with you.

Drug Screen Information

Drug	Expected length of time drug will be found on screen
Amphetamines (speed, Eve, Crystal)	<ul style="list-style-type: none"> • 1-2 days
Cannabinoids (marijuana, pot) <ul style="list-style-type: none"> • occasional use • chronic use 	<ul style="list-style-type: none"> • 1-7 days • 1-4 weeks
Cocaine (coke, crack)	<ul style="list-style-type: none"> • 12-48 hours
Opiates (morphine, codeine, heroin)	<ul style="list-style-type: none"> • 1-3 days
Phencyclidine (PCP, Angel Dust) <ul style="list-style-type: none"> • occasional use • chronic use 	<ul style="list-style-type: none"> • 1-8 days • up to 30 days

Coordination with Law Enforcement

Information in this section to be provided by local offices.

Include local office procedures of coordination with law enforcement on investigations.

Unable to Locate Situations

When unable to locate the family:

- Seek case information on CIMS, SWSS, InfoWeb, etc.
- Contact any known relative or school if school is in session.
- Use all routine means of contacting individuals: phone calls, letters, telegrams, worker's business card left at the residence, or contact with neighbors
- Check Internet for telephone and address lists
- If the allegations indicate a substantial risk of harm to the child, CPS must contact law enforcement for assistance in locating the family file a petition with the Family Division of the local Circuit Court requesting an order be issued to take custody of the child(ren).

When unable to make face-to-face contact or verify safety and whereabouts of all children including siblings who reside in another location:

- Contact any other individuals who may know of the child(ren)'s whereabouts.
- If the caretaker (CT) states that a victim or sibling of a victim is residing in another county or out-of-state the worker must verify by collateral contact that the child is with the person he or she is alleged to be with. Assistance from CPS in the other county or state may be sought to check their records and Central Registry and to interview the child.
- If there is evidence that there is serious risk in the allegations, and the whereabouts of a child cannot be verified, the worker must:
 - a. Contact local law enforcement in the jurisdiction where the child is alleged to reside.
 - b. File a petition with court to order the CT to make the child available for an interview.

When unable to locate the perpetrator:

- Attempt to make contact by phone.
- Inquire at place of work.
- Arrange after hours visits to the home.
- A letter may be sent advising the individual of the need to see him or her but this **cannot be the only action taken**.
- Advise the non-offending CT that the alleged perpetrator should not be in contact with the child until the worker has an opportunity to talk to the alleged perpetrator.
- After above steps, if the alleged perpetrator still cannot be located and interviewed, get assistance from law enforcement and/or petition the court.

When unable to locate children (non victims) in the home:

- worker may accept a collateral contact verification of their well being from a mandated reporter

The alleged perpetrator must be interviewed, if located, in all serious child abuse/neglect complaints including sexual abuse, serious or chronic physical abuse or neglect, and cases involving children under the age of six

Risk, Needs, and Safety Assessment

Safety Assessment

- Caretaker (CT) caused or threatened serious harm to children currently.
- CT previously maltreated children in care and severity of previous maltreatment or CT previous response and current circumstances suggest child safety is a concern.
- CT violent or out of control with children.
- CT has negative or unrealistic expectations of child.
- CT did not protect child.
- Explanation of injuries not probable/credible.
- CT refuses access to child, family flight risk, children's whereabouts unknown.
- Child is fearful of CT or people in or having access to home.
- CT does not provide adequate supervision of child.
- Child's need for food, clothing, shelter, and/or medical or mental health care not being met.
- Living conditions hazardous based on child's age and functioning.
- CT's substance abuse affects how child is cared for.
- Sexual abuse is suspected and child is unsafe in circumstances.
- CT's emotional stability affects how child is cared for.

Needs Assessment

Areas to address with family:

- Harmful relationships/domestic violence.
- Social support systems.
- Substance abuse.
- Emotional problems/mental health issues.
- Parenting skills.
- CT's motivation to change.
- CT's response to investigation.
- Financial situation/employment status.
- Housing problems.
- Physical health issues.
- Prior CPS history/services.
- CT abused as children.
- Excessive or inappropriate discipline.
- Sexual abuse of child (CT is perpetrator or failed to protect).
- Domineering parent.
- CT's communication/interpersonal skills, literacy, and intellectual capacity.
- Developmental disability or history of delinquency for child.

Safety Assessment: See CFP 713-9 for complete questions and definitions.

Risk/Needs Assessment: See CFP 713-11 & CFP 713-12 for complete questions and definitions.

Court Petitions

Petitions for Court Jurisdiction

Mandatory petition within 24 hours of preponderance decision:

- Death.
- Sexual abuse or exploitation.
- Severe physical injury (brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprains, internal injuries, poisoning, burns, scalds, severe cuts or any other physical injury that seriously impairs the health or physical well-being of a child).

Mandatory petition on victim or siblings:

- Abandonment of a young child.
- Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate.
- Battering, torture, or other severe physical abuse.
- Loss or serious impairment of an organ or limb.
- Life-threatening injury.
- Murder or attempted murder.

Mandatory petition for termination of parental rights:

- In all of the previous situations *if* the caretaker is the perpetrator.
- If the caretaker failed to protect child against any of the previous listed situations.
- Any investigation in which a preponderance of evidence is found and the parent's rights to another child were previously terminated (voluntarily or involuntarily) as a result of abuse/neglect proceedings, either in Michigan or another state.

Remember: When a termination request is withdrawn as part of a plea agreement, workers must get their supervisor's approval to agree with this on the record. If they cannot talk to their supervisor prior to the court hearing, they cannot support or oppose that decision.

Temporary Custody Petition - Not Mandated

In and out-of-home custody

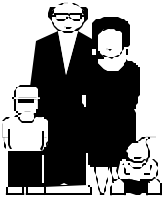
Consider petitioning in the following non-mandated situations:

- Court authority is needed to remove a child from a situation hazardous to his/her health, welfare, morals or emotional well being.
- A child is able to remain in its own home only if the authority of the court is invoked to require the person(s) responsible to make specific changes in conditions.
- A child has been chronically neglected, agency efforts to improve conditions have failed, and a decision has been made by the worker and supervisor that legal removal of the child from the home is the best plan for the child.
- A child is without proper guardianship.

See CFP 715-3 for more information

Court Petition Procedures

Information in this section to be provided by local offices.



Relative Placements

The following checks must be done by CPS workers prior to relative placements:

- A Central Registry check.
- Criminal history checks on all adult household members.
- A home visit.

Fictive Kin Placements

Placement with fictive kin may be used in limited circumstances where it is determined by the CPS worker and the supervisor that the placement is in the child's best interests. Approval by the county director or local office designee is also required.

The court must approve the placement and the following statement must be on the court order:

"Conditions of custody at the placement and with the individual with whom the child is placed are adequate to safeguard the child from risk of harm to the child's life, physical health, or mental well-being."

As in relative placements, the same checks must be done prior to placement.